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Application Data Sheet 37 CFR 1.76			Attom	ey Doo	ket N	umber	NL04	40050						
			Applic	ation N	lumbe	er								
Title of Invention		OD AND APP. ORAL INTERF			INTER	LACC	ING OF V	IDEO I	USUN	IG M	NOITC	COM	PENSAT	ΓED
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Secrecy Orde	r 37 C	FR 5.2												
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Applicant Info	rmati	ion:												
Applicant 1												Remov	e	
Applicant Authori	ty (•)Inv	ventor OL	egal Rep	resentati	ive unde	er 35 l	U.S.C. 11	7	()Pa	rty of	Intere	st und	<u>—</u> ler 35 U.	S.C. 118
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Mailing Address o	f Applic	cant:												
Address 1	P	Prof. Holstlaan	6											
Address 2														
City Eindho	ven					Stat	te/Provin	ice						
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Customer Number	r	24737												
Email Address		jeanne.rusciano@philips.com Add Email Remove Email					re Email							
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Title of the Inventi	on	METHOD A						ING OF	VIDE	EO US	SUNG	MOTI	ON	
Attorney Docket N	lumber	NL040050				s	mall Ent	ity St	atus	Clain	ned			
Application Type		Nonprovision	onal			•								
Subject Matter		Utility												
Suggested Class ((if any)					S	ub Clas	s (if aı	ny)					
Suggested Techno	ology C	enter (if any	/)											
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Application Data She		et 37 CFR 1 76	Attorney D	Docket Number NL040		NL040050		
			Application	n Number				
Title of Invention		OD AND APPARATUS ORAL INTERPOLATIO		ERLACCING OF V	/IDEO USUNO	MOTION C	OMPENSATED	
Publication Inform	nation:							
☐ Request Early	/ Publica	ation (Fee required a	t time of Rec	uest 37 CFR 1.2	219)			
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Assignee 1			<u></u>		-	Re	move	
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Attorney Docket Number NI 040050

Application Data Sheet 37 CFR 1.76		Tallottic, Decitor Hamber	11201000				
Application bata office of OTK 1.70			Application Number				
Title of Invention		METHOD AND APPARATUS FOR DEINTERLACCING OF VIDEO USUNG MOTION COMPENSATED TEMPORAL INTERPOLATION					
Organization Name KONINKLIJKE PHILIPS I		ELECTRONIC, N.V.					
Mailing Address Information:							
Address 1		GROENEWOUDSE	WEG 1				

organization realis	NOMINACIONE I THEIR O'LLEC	THOMO, N.V.					
Mailing Address Info	rmation:						
Address 1	GROENEWOUDSEWEG	1					
Address 2							
City	EINDHOVEN	State/Province					
Country NL	•	Postal Code	5621 BA				
Phone Number		Fax Number					
Email Address							
Additional Assignee Data may be generated within this form by selecting the Add button.							

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.								
Signature	/Michael E. Marion/			Date (YYYY-MM-DD)	2006-07-18			
First Name	Michael E.	Last Name	Marion	Registration Number	32,266			

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